

CASES FROM  
PRACTICE IN DISEASES OF THE  
THROAT AND NOSE.

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(Read before the South Carolina Medical Association.)

*Porcher (W. P.)*  
*Compliments of*  
*W. Payne Porcher*







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## Case 1.—*Posterior Naso-Pharyngeal Fibro-Myxoma of Unusual Size—Successful Removal.*

I present here two specimens of posterior pharyngeal polypi, marked Nos. 1 and 2. No. 1, which is about the size of a small hen's-egg, was taken from Miss D. W., æt about 21, who had been referred to me by Dr. C. H. Schroder, of Charleston, S. C. She stated that she had suffered from catarrh for a very long time, and that it had been very much aggravated during an attack of typhoid fever through which she had just passed. Her voice was very distinctly nasal in character, and her continuously open mouth and general appearance indicated that there was some pathological condition of her throat or posterior nares.

Anterior rhinoscopic examination disclosed no hypertrophies or other obstructions; color nearly normal and no deviations or deflections of her septum. Posterior rhinoscopy disclosed the most dependent portion of a tumor which had embedded itself in the posterior pharyngeal space, its lowest portion resting just above the arch of her soft palate. The tumor occupied the whole of the posterior nasal and pharyngeal space, so that she found it impossible to breathe through her nostrils, and the consequent habitual mouth-breathing had greatly aggravated the usual dry tongue of typhoid fever, and caused her exquisite suffering. This obstruction also accounts for her nasal intonation, which was very marked.

Being embedded so firmly in the surrounding tissues, it would have been very difficult and dangerous, if not impossible, to have torn the tumor from its base with forceps; another method was equally impracticable, viz.: by means of pieces of tape or cord passed through each nostril and encircling the tumor; or by Olliver's operation of cutting down through the bony portion of the nose and removing the tumor through the aperture thus made. I therefore resorted to the following expedient, which proved entirely efficient and comparatively easy of execution. Before describing this, however, I must show you an instrument which I devised for operating on the posterior nasal space. It is a Self-Retaining Uvula and Palate Retractor.





This instrument, as will appear from the cut, is an ordinary palate-hook, upon the stem of which a slide-attachment has been added. From the front of this slide project two arms, which end in two medium-sized rings, and at its rear is an automatic spring-catch which penetrates the perforated stem at short intervals. When in position the two rings on the arms rest on either side of the nose, just above the alveolar processes, and are easily retained there by the counter-pressure of the retracted palate. It is light in construction, weighing but four hundred and forty-five grains, easily adjusted, and releases both hands for operation and the management of the mirror. At my request, Dr. J. Allen Miles, D. D. S., made the original model; as I found the old method of operating—by means of pieces of tape or cord passed through the nostrils and clamped or tied over the upper lip—so disagreeable to the patient, as well as difficult and awkward to the operator. It lifts up and retracts the palate with perfect firmness and security. In fact, so entirely efficient has it proved, that with it operations can be performed in the posterior nasal space as easily as in any other region. It has been highly commended by distinguished laryngologists, as well as by general practitioners.

The following letter was received from Dr. J. Solis Cohen, to whom I submitted a model of the instrument, and he has kindly consented to its publication:

1421 Wall Street, Philadelphia, September 28, 1887.

MY DEAR DOCTOR:—To-day is the first opportunity I have had to give the instrument you forwarded to me a trial. I was very successful in using it, and without cocaine. I like it very much indeed, and I think it the simplest mechanism I have seen. Yours, very truly,

J. SOLIS COHEN.

The palate being securely retracted with the instrument and the patient's tongue firmly depressed with a Tuerck's tongue-depressor, Dr. Jarvis's curved snare, which had been previously armed with a large wire loop, was passed back of the soft palate. With the small rhinoscopic mirror in one hand and the snare in the other, the loop was easily made to encircle the tumor, slow turns were given to the milled screw or nut, and the pedicle was severed close to its origin, which proved to be the posterior end of the inferior turbinated bone.

After pulling the tumor out of its bed, the patient expressed



the greatest relief and suffered no inconvenience whatsoever from the operation, as the hemorrhage was very small. The stump of the pedicle became enlarged twice afterwards, and necessitated a repetition of the operation each time.

The patient is now in excellent health, and her nostrils are perfectly patent and free from obstruction.

Case 2.—

This case was very similar to the preceding. The tumor, however, was much larger and the patient had in addition numerous polypi in both nostrils.

The occlusion which began in the right nostril evidently originated from a shelf of bone which projected from the septum and pressed against the right ala—almost entirely occluding the right inferior meatus to such an extent that an ordinary probe could scarcely be passed into it. It was extremely difficult to get at the pedicle after the removal of the tumor, and I could only do it by cutting away a portion of this shelf of bone so as to permit of the passage of instruments through the inferior meatus. The polypi were all removed and the patient can now breathe through his nostrils with comparative ease.

Case 3.—*Hypertrophy of the Pharyngeal Tonsil.*

Case referred by Dr. A. N. Bellinger, of Charleston, S. C. I regret very much that the specimen from this growth could not have been kept and shown here, as it had to be removed in so many small portions, and under so many difficulties, that they could not be preserved.

This patient, like the two former, came to me under the impression that he suffered from catarrh, and had been on that account refused admittance into a naval school ship. He was entirely oblivious of the presence of any growth, although he had very decided nasal intonation of voice. No posterior rhinoscopic examination had ever been made. He was in good health generally, except occasional fœtor of breath, which annoyed both himself and his family.

On performing posterior rhinoscopy a tumor presented itself growing out from the posterior pharyngeal wall about the size of the first phalanx of the thumb, rough and uneven in shape, and appearing almost like a malignant growth at first sight. It proved, however, to be an unusually large hypertrophy of the third or pharyngeal, or, as it is sometimes called, Luschka's tonsil. His turbinated bones were also enlarged from the contiguous inflammation. I found the tumor quite sensitive, so that the parts had to be thoroughly cocainized before anything could be done, and the hemorrhage was so great that I could only remove it in small portions.

The self-retaining palate retractor, above referred to, being slipped into position, as much of the tumor as possible was first

snared off with the Jarvis curved wire snare, and the base was then thoroughly seared with the galvano-cautery knife at a red heat. This left the parts comparatively smooth and the patient has gone on a sea voyage of several years' duration.

Case 4.—*Pharyngitis Simulating Incipient Phthisis.*

The next case was of the most unusual interest, every phase of its development seeming to shed new light on the correctness of the diagnosis, as proved by the entire relief obtained from what might have terminated with the most disastrous results.

The patient, a physician of high standing and great intelligence, has very kindly given me a written statement of his case, which I append:

DEAR DOCTOR:—In compliance with your request, that I should give you a written statement of my indisposition, I will say that it commenced about eighteen months ago, when I got a fish-bone stuck in my throat, causing much discomfort, with hoarseness of voice and violent paroxysms of cough, which lasted more or less all night. In the morning I was relieved. I have had, however, ever since, some irritation about the fauces, which at times would increase and bring on the cough and hoarseness, which would pass off after a few days. About three months ago I had a severe attack of asthma, lasting about twenty-four hours, followed by constant cough and expectoration. After a careful examination by two of my friends, my lungs were pronounced sound and normal. I then went to you to have my larynx examined. You pronounced that normal, but diagnosed a pharyngitis, which you thought accounted for all the trouble, and encouraged me to hope that you would soon relieve it, which you have done. After the first application to the throat the irritation was less and the cough and expectoration almost ceased. With each subsequent application the improvement has been marked, and now the irritation and cough return only occasionally, and the cocaine spray relieves them with the asthmatic symptoms (which always accompany them), immediately. Frequently, a week or ten days pass without my being inconvenienced or having to use the spray. I am entirely satisfied that your diagnosis of my case is correct, and your treatment, with the result, has established the fact beyond a peradventure. The cough, expectoration and asthma are caused by the pharyngitis, and have been relieved by your skilled treatment, for which I shall always feel grateful.

Very truly, yours,

DR. W. P. PORCHER, March 12, 1888.

I would state, in addition, that the doctor's friends and family were so anxious about him, under the impression that his lungs were necessarily the seat of his disease on account of the



extreme violence of the paroxysms of cough, as well as the profuse perspiration, expectoration and nervous relaxation following them, that he was urgently advised to go abroad—or to some place where his lungs might heal. Fortunately, however, on account of the entire absence of any signs of disease by physical examination, the doctor determined this to be a fallacy, and pharyngoscopy amply supported him in this conclusion. A distinct localized pharyngitis was diagnosticated, and it was determined that the cough was produced solely by reflex irritation, first excited by the fish-bone and kept up afterwards by the irritating discharge from the inflamed surface. The doctor was under the impression that this discharge came from the larynx, but as there was no laryngeal inflammation present, according to Lennox Browne and other authorities, it must have trickled down into the larynx, and being an irritant was coughed out again.

The treatment in this case consisted at first simply of a strong solution of nitrate of silver applied to the posterior pharynx, which had been previously cocaineized. This would usually serve to relieve his spasms of cough and asthma for several days, and on their return a spray of cocaine muriate would cut short the paroxysm with perfect certainty. I afterwards used a spray of chloride of zinc, grs. xxx— $\frac{3}{4}$  i of water, and removed several enlarged follicles with the galvano-cautery knife.

Here we have exemplified how an inflammation of the pharynx can excite and keep up the most severe paroxysms of cough and all their sequelæ, which, if unrecognized would inevitably have been followed by disintegration of lung tissue, and the patient would have been regarded as an incurable consumptive.

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## DISCUSSION—

Dr. C. W. Kollock said that the reports were very interesting in as much as they showed how many cases may run on and be mistaken for phthisis, whereas a very careful examination of the pharynx would show the true state of the case. He knew a great many of the profession who were apt to be a little incredulous about this, but here was a clear case, where the conditions are seen and where improvement has followed treatment.

Dr. Swygert wanted to know what percentage of cocaine was used.

Dr. Porcher stated that he usually used a 10 per cent. solution. He sometimes used a 4 per cent. solution and regretted it. The former made the parts more thoroughly relaxed, and

the patient very frequently was perfectly unconscious of any pain from an operation.

Dr. Parker said that he wanted to compliment Dr. Porcher and congratulate him before the Association upon the presentation of this instrument. The merit of the instrument was, that it was self-retaining, like a self-retaining speculum for the vagina, in as much as it left the operator with both hands free for manipulation, or for the use of other instruments. This was an advantage not found in other instruments for elevating the palate or drawing it forwards, so as to give a good view of the posterior naso-pharyngeal fossa. This instrument was beautifully arranged and was perfect in its simplicity. "It left both hands free and was therefore a very great assistance in the removal of growths in the naso-pharyngeal fossa, or posterior nares where the use of both hands was so advantageous in perfecting operations of this kind."

Dr. Kinloch wanted to know the difference between Dr. Porcher's instrument and that of Dr. Joseph White, of Richmond, Va.

Dr. Porcher explained that the principal difference lay, first, in the fact that Dr. White's instrument had a little screw, acting as a clamp. This was an objection because there was very little space in the mouth, and such an obstruction interfered seriously with the work, and in addition, the screw was more clumsy than an automatic or spring catch. The next difference in Dr. White's instrument was, that instead of two rings there were two pads on the arms, and the hook consisted of a wire loop instead of a flat band.

Dr. Parker said that he was surprised to hear Dr. Porcher speak so lightly of the use of cocaine. He thought it was a very dangerous drug, requiring to be administered with great care. In two cases in which he used the 10 per cent. solution in application to the throat, in two girls, from ten to twelve years of age, it produced such nervous symptoms that he had to desist entirely from the operations at that time. He could speak with some degree of certainty of the depressing and alarming influences of the effects of cocaine upon individuals, because he had used it himself twice, by the suggestion of a medical friend as a suppository; in one case a suppository of 2 grains of cocaine hydrochl. was inserted in the rectum. From



8 o'clock A. M. till 12 M. he suffered from palpitation of the heart, nervousness and general depression, such as he did not care to undergo again or see anybody else go through with. The experience of Dr. W. H. Hammond, of New York, had been very much the same, except that Dr. Hammond had used a greater quantity by subcutaneous injection and was not disposed to repeat it. He saw it given with the same symptoms by a professional friend in a case of operation on the vagina. About 2 minims of a 20 per cent. solution was injected under the vaginal mucous membrane, and although he performed the operation successfully without pain to the patient, he never left the patient's bedside that day till late in the afternoon. Owing to its alarming effects upon the patient, the use of cocaine had been pretty much given up in enucleation of the globe. If Dr. Porcher had not encountered such cases, he would do so hereafter.

Dr. Porcher said that he had read cases in the Journals where a great many cases of cocaine poisoning were mentioned, but that he used it very freely by means of Sass's spray tubes and the cotton pledget, and never had a patient to complain in the least. He usually used a 10 per cent. solution sprayed or applied with a cotton pledget in the throat and nose, but had never used more than a 4 per cent. solution hypodermically. He had used it upon himself and was perfectly free from pain when the galvano cautery was applied, the only sensation that he experienced at all being a certain amount of stimulation and excitement. He used it universally with ladies who were delicate and weak and nervous, and never heard any complaint of it. The largest quantity that he had ever given internally was in a case of stricture of the œsophagus in a little child who had swallowed some concentrated lye. He ordered one-half ounce of a 4 per cent. solution of cocaine. The child took first 5 minims every hour or so, and that being not sufficient to relieve the spasm the dose was increased to 10 minims. The child threw up the greater part of it—the only constitutional symptoms which appeared was that the lower jaw became relaxed, and he noticed one day that the child could not shut its mouth. He ordered the medicine discontinued, and was glad to be able to report a successful result in that case.

Dr. Parker, referring to what Dr. Porcher had to say about cocaine arresting attacks of asthma and the effect of the spray in relieving reflex irritation said, that this was perfectly capable of explanation from the anatomical distribution of the nerves. He then spoke of the distribution of the nerves of the pharynx and their connections, and demonstrated how such reflex action was the necessary result; any anatomist ought to be able to explain the connection existing between the pharyngeal plexus and the pneumo-gastric nerve, as a cause of reflex cough.

Dr. Porcher recited the case of a young lady who had been teaching in a public school and was affected with Sub-Acute Laryngitis and continuous Cough. He sprayed her throat with cocaine, and the effect was almost instantaneous. It produced almost phenomenal relief of the hoarseness. He was inclined to think that while it was due to a great extent to its effect on the nerves, he thought also that the powerful effect of cocaine in contracting the engorged capillaries and relieving congestion had a great deal to do with it.

Dr. C. W. Kollock moved that Dr. Porcher's paper be referred to the Committee on Publication, and that a cut of his instrument be made and published with the official proceedings of the Association. Adopted.





